# PHOTO/VIDEO/AUDIO AUTHORIZATION AND RELEASE

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ voluntarily authorize (*name of organization*) and those acting pursuant to its authority the irrevocable and unlimited and unrestricted right to record my photograph, picture, portrait, image or voice (hereafter referred to as “My Likeness”) on video, audio, photographic, digital, electronic or any other technology or media formats. *(name of organization)* may use, modify, reproduce, display, distribute, store and make derivative works of My Likeness or a portion of My Likeness in any and all of its publications including its website, social media, print, and in any and all of its media, whether now known or hereafter existing, controlled by *(name of organization)*, in perpetuity.

Furthermore, I grant permission to use my statements that were given verbally or in writing during an interview or in response to specific request with or without my name and biographical information.

I hereby release *(name of organization)* and its legal representatives for all claims and liability relating to said likeness. I waive my right to inspect or approve the photograph, video, audio recording or any other medium in which *(name of organization)* may eventually use My Likeness. This Authorization shall be binding upon my heirs, successors, assigns, and legal representations. I waive all claims to compensation or damages based on the use of My Likeness, by *(name of organization)*.

I understand that this authorization is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns. I understand I have the right to deny authorization of any ***future recording and use*** of My Likeness at any time by providing written notification of denial for future recording and use of My Likeness to *(name of organization)*. I understand such future denial **shall not affect authorizations made prior to receipt of any future written notification**.

I have read and understand the terms of this authorization. I hereby grant or deny authorization to *(name of organization)* as indicated by my signature and the marked box below:

**☐** I Grant Authorization

 **Printed Name Signature Date**